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13. ABSTRACT (Maximum 200 Words) <p>The research objective of this 3-year study is to evaluate the effectiveness of a minimal contact behavioral therapy plus usual care (MCBT + UC) for controlling overweight in the USAF personnel using a controlled experimental comparison of usual care (UC). Subjects will include personnel who are 5lbs below their Maximum Allowable Weight (MAW) and heavier. Effectiveness of MCBT + UC will be compared to UC in terms of weight loss and percentage of subjects who are below their MAW. Outcomes will be measured at 6 and 12 months.</p> <p>All administrative tasking has been completed such as the ordering of all research materials and all assessment measures. Research staff has been trained in Motivational Interviewing and complete website platform has been developed including 24 weeks of weight and exercise content and online databases for data entry/management. Recruitment of 1200 subjects is scheduled to begin in May 2003. There has been a minor delay in recruitment due to extensive time involved in managing protocol changes through 4 IRBs and some initial difficulty in hiring project staff. As there has been no data collection to date, a report of progress in terms of results and significance is not available for this annual report.</p>				
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INTRODUCTION:

Maintaining healthy body weight is a critical part of readiness in the United States Air Force (USAF). The USAF has not escaped the same weight management problems that the US civilian population is experiencing. Therefore, the need for improving existing weight programs currently available to the USAF is of great importance and part of the mission of this study. The research objective of this 3-year study is to evaluate the effectiveness of a minimal contact behavioral therapy plus usual care (MCBT + UC) for controlling overweight in the USAF personnel using a controlled experimental comparison of usual care (UC). Subjects will include 1200 active duty personnel who are 5 lbs. below their Maximum Allowable Weight (MAW) and heavier. Effectiveness of MCBT + UC will be compared to UC in terms of weight loss and percentage of subjects who are below their MAW. Outcomes will be measured at 6 and 12 months. The ultimate goal of this study is to provide an easily disseminated weight management treatment to any interested military installation.

BODY:

The following tasks have been accomplished in months 1 to 12 of the grant period (as outlined in the original Statement of Work). Project coordinator, Lisa Alvarez, and research associate, Antoinette Brundige, were hired in August 2002. A second research associate and data entry personnel will be hired in the next 3 months once recruitment and data collection commence. Various administrative tasks have been completed including the ordering of all research materials and all assessment measures/licenses (see Appendix 1).

The training of project staff in Motivational Interviewing has been ongoing with the inclusion of didactics, readings, training videos, and practice sessions. A training seminar is scheduled to take place in the near future (exact date not known at this time). In addition, the telephone script for the Motivational Interviews has been developed.

The complete website platform has been developed including the 24 weeks of military related weight and exercise content and the online databases for data entry/management. The website has been pilot tested and all aspects, including the food/exercise diaries and data entry, are fully functioning. Data entry/management procedures have been established including coding and a double entry checking system for quality assurance.

Plans for data flow, recruiting, randomization and treatment have been coordinated between all study personnel and a schedule for quarterly updates between all personnel has been established. Plans have also been coordinated for recruitment between grant personnel and the Health and Wellness Center (HAWC) at Lackland AFB. Meetings at the Brooks City Base and Randolph AFB HAWCs are scheduled in June. Recruitment and data collection is scheduled to begin in May 2003 initially at Lackland AFB, and then to include Brooks City Base and Randolph AFB by July 2003.

There has been a minor delay in recruitment. There was some initial difficulty in hiring of project staff, the 2 main positions were appointed in August 2002. Also the management of all required protocol changes involves the approval of 4 Institutional Review Boards (IRBs) including Baylor College of Medicine, Wilford Hall Medical Center, Brooks City Base School of Aerospace Medicine, and the U.S. Army Medical Research and Materiel Command. The time allowed for this process was underestimated in the initial timeline.

As there has been no data collection to date, a report of progress in terms of results and significance is not available for this annual report.

KEY RESEARCH ACCOMPLISHMENTS:

None. Recruitment of subjects is scheduled to begin in May 2003. As there has been no data collection to date, a report of progress in terms of accomplishments is not available for this annual report.

REPORTABLE OUTCOMES:

None. Recruitment of subjects is scheduled to begin in May 2003. As there has been no data collection to date, a report of outcome data is not available for this annual report.

CONCLUSIONS:

None. Recruitment of subjects is scheduled to begin in May 2003. As there has been no data collection to date, a report of progress in terms of results and significance is not available for this annual report.

REFERENCES:

Literature reviews are conducted on a monthly basis. To date, no new information is available that would change the risk: benefit ratio of this study or any of its current treatment objectives.

APPENDIX 1:

The packet of all questionnaires to be used in the study is included. It is titled "HELIOS Participant Questionnaire: Weight and Fitness Related Behaviors and Attitudes."

HELIOS Participant Questionnaire: Weight and Fitness Related Behaviors and Attitudes



We thank you in advance for being as thorough as possible in your answers. However, you may skip specific questions you do not wish to answer.

EATING HABITS SCREENER

Think about your eating habits over the past year or so. About how often do you eat each of the following foods? Remember breakfast, lunch, dinner, snacks, and eating out. Mark an 'X' in one column for each food.

Fruits, Vegetables, Fiber	(0) Less than 1/WEEK	(1) Once a WEEK	(2) 2-3 times a WEEK	(3) 4-6 times a WEEK	(4) Once a DAY	(5) 2+ a DAY	SCORE
Fruit juice, like orange, apple grape—fresh, frozen or canned (Not sodas or other drinks)							
How often do you eat any fruit, fresh or canned (not counting juice?)							
Vegetable juice, like tomato juice, V-8, carrot							
Green salad							
Potatoes, any kind, including baked, mashed or French fried							
Vegetable soup, or stew with vegetables							
Any vegetables, including string beans, peas, corn, broccoli or any other kind							
Fiber cereals like Raisin Bran, Shredded Wheat or Fruit-n-Fiber							
Beans such as baked beans, pinto, kidney or lentils (not green beans)							
Dark bread such as whole wheat or rye							
SCORE							

EATING HABITS SCREENER (con't.)

Think about your eating habits over the past year or so. About how often do you eat each of the following foods? Remember breakfast, lunch, dinner, snacks, and eating out. Mark an 'X' in one column for each food.

Meats and Snacks	(0) 1/MONTH or less	(1) 2-3 times a MONTH	(2) 1-2 times a WEEK	(3) 3-4 times a WEEK	(4) 5+ times a WEEK	SCORE
Hamburgers, ground beef, meat burritos, tacos						
Beef or pork, such as steaks, roasts, ribs, or in sandwiches						
Fried chicken						
Hot dogs, or Polish or Italian sausage						
Cold cuts, lunch meats, ham (not low-fat)						
Bacon or breakfast sausage						
Salad dressings (not low-fat)						
Margarine, butter or mayo on bread or potatoes						
Margarine, butter or oil in cooking						
Eggs (not Egg Beaters or just egg whites)						
Pizza						
Cheese, cheese spread (not low-fat)						
Whole milk						
French fries, fried potatoes						
Corn chips, potato chips, popcorn, crackers						
Doughnuts, pastries, cake, cookies (not low fat)						
Ice cream (not sherbet or non-fat)						
SCORE						

EATING/DIETING HABITS

Please check the answer that best fits your eating habits and dieting practices.

1. Are you currently enrolled in the mandatory military weight management program (Weight and Body Fat Management Program)?

- ☐ Yes (0)
☐ No (1)
☐ Not Applicable (2)

2. How often, on average, do you buy your meals on base (not including commissary grocery shopping)?

- ☐ Never (0) ☐ 1-2 times/week (1) ☐ 3-4 times/week (2) ☐ 5-7 times/week (3) ☐ 7+ times/week (4)

If you eat on base, please rank order the facilities you use from "1" for the facility you use most frequently to "5" for the facility you use least frequently

- ☐ Chow Hall (0) ☐ Fast Food (1) ☐ The Club (2) ☐ Vending Machines (3) ☐ Other (4): _____

3. How often, on average, do you eat at fast food restaurants each week?

- ☐ Never (0) ☐ 1-2 times/week (2) ☐ 3-4 times/week (3) ☐ 5-7 times/week (3) ☐ 7+ times/week (4)

4. How often, on average, do you eat at "sit down" restaurants each week?

- ☐ Never (0) ☐ 1-2 times/week (2) ☐ 3-4 times/week (3) ☐ 5-7 times/week (3) ☐ 7+ times/week (4)

5. Are you currently enrolled in a voluntary weight management program outside of this study?

- ☐ Yes (0), Which one: _____
☐ No (1)

6. How often do you try to control your weight by eating little or no food for a day or longer?

- ☐ Never (0)
☐ Seldom (1)
☐ Sometimes (2)
☐ Frequently (3)
☐ Very Frequently (4)

7. How often have you tried to lose weight by fasting or going on strict diets?

- ☐ Never (0)
☐ Seldom (1)
☐ Sometimes (2)
☐ Frequently (3)
☐ Very Frequently (4)

EATING/DIETING HABITS (con't.)

Please check the answer that best fits your eating habits and dieting practices.

8. How often do you exercise vigorously and for long periods of time in order to burn calories?

- ☐ Never (0)
- ☐ Seldom (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)
- ☐ Very Frequently (4)

9. How often do you intentionally vomit after eating?

- ☐ Never (0)
- ☐ Seldom (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)
- ☐ Very Frequently (4)

10. How often do you use diuretics (water pills) to help control your weight?

- ☐ Never (0)
- ☐ Seldom (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)
- ☐ Very Frequently (4)

11. How often do you use laxatives or suppositories to help control your weight?

- ☐ Never (0)
- ☐ Seldom (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)
- ☐ Very Frequently (4)

12. How often do you use over-the-counter diet aids to help control your weight?

- ☐ Never (0)
- ☐ Seldom (1)
- ☐ Sometimes (2)
- ☐ Frequently (3)
- ☐ Very Frequently (4)

EATING/DIETING HABITS(con't.)

Please check the answer that best fits your eating habits and dieting practices.

13. Do you ever binge eat?

- ☐ No (0) (please skip questions 14-22 below and continue with the rest of the questionnaire)
- ☐ Yes (1) (please complete questions 14-22 below)

14. How often do you binge eat?

- ☐ Seldom (0)
- ☐ Once a month or twice a month (1)
- ☐ Once a week (2)
- ☐ Almost every day (3)

15. What is the average length of a binge eating episode?

- ☐ Less than 15 minutes (0)
- ☐ 15 minutes to one hour (1)
- ☐ One hour to four hours (2)
- ☐ More than four hours (3)

16. Which of the following statements best applies to your binge eating?

- ☐ I eat until I have had enough to satisfy me (0)
- ☐ I eat until my stomach feels full (1)
- ☐ I eat until my stomach feels painfully full (2)
- ☐ I eat until I can't eat anymore (3)

17. Do you ever vomit after a binge?

- ☐ Never (0)
- ☐ Sometimes (1)
- ☐ Usually (2)
- ☐ Always (3)

18. Which of the following best applies to your behavior when binge eating?

- ☐ I eat more slowly than usual (0)
- ☐ I eat about the same as I usually do (0)
- ☐ I eat very rapidly (1)

19. How much are you concerned about your binge eating?

- ☐ Not bothered at all (0)
- ☐ Bothers me a little (1)
- ☐ Moderately concerned (2)
- ☐ A major concern (3)

20. Which best describes your feelings during a binge?

- ☐ I feel that I could control the eating if I chose (0)
- ☐ I feel that I have at least some control (1)
- ☐ I feel completely out of control (2)

21. Which of the following describes your feelings after a binge?

- ☐ I feel fairly neutral, not too concerned (0)
- ☐ I am moderately upset (1)
- ☐ I hate myself (2)

22. Which most accurately describes your feelings after a binge?

- ☐ Not depressed at all (0)
- ☐ Mildly depressed (1)
- ☐ Moderately depressed (2)
- ☐ Very depressed (3)

WEL

This next set of questions describes some typical eating situations. Everyone has situations which make it very hard for them to keep their weight down. The following are a number of situations related to eating patterns and attitudes. These questions are designed to assess the eating situations which you find the hardest to manage.

Read each situation listed below and decide how confident (or certain) you are that you will be able to resist eating in each of the difficult situations. In other words, pretend that you are in the eating situation right now. On a scale from 0 (not confident) to 9 (very confident), choose ONE number that reflects how confident you feel now about being able to *successfully resist* the desire to eat. Please "X" the box that corresponds to your rating. Respond to the questions, making sure you "X" the rating that is true about you.

I AM CONFIDENT THAT:

1. I can resist eating when I am anxious (nervous).

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat						Very confident that you can resist the desire to eat			

2. I can control my eating on the weekends.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat						Very confident that you can resist the desire to eat			

3. I can resist eating even when I have to say "no" to others.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat						Very confident that you can resist the desire to eat			

4. I can resist eating when I feel physically run down.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat						Very confident that you can resist the desire to eat			

5. I can resist eating when I am watching TV.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat						Very confident that you can resist the desire to eat			

6. I can resist eating when I am depressed (or down).

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat						Very confident that you can resist the desire to eat			

WEL (con't.)**I AM CONFIDENT THAT:**

7. I can resist eating when there are many different kinds of food available.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

8. I can resist eating even when I feel it is impolite to refuse a second helping.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

9. I can resist eating when I have a headache.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

10. I can resist eating when I am reading.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

11. I can resist eating when I am angry (or irritable).

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

12. I can resist eating when I am at a party.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

13. I can resist eating even when others are pressuring me to eat.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

14. I can resist eating when I am in pain.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

WEL (con't.)

I AM CONFIDENT THAT:

15. I can resist eating just before going to bed.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

16. I can resist eating when I have experienced failure.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

17. I can resist eating even when high-calorie foods are available.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

18. I can resist eating even when I think others will be upset if I don't eat.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

19. I can resist eating when I feel uncomfortable.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

20. I can resist eating when I am happy.

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not confident at all that you can Resist the desire to eat							Very confident that you can resist the desire to eat		

IWQOL-Lite

Answer the following statements according to how well they describe you in the past week.
Be as open as possible. There are no right or wrong answers.

In the past week...	Always True (5)	Usually True (4)	Sometimes True (3)	Rarely True (2)	Never True (1)
Physical Function					
1. Because of my weight I have trouble picking up objects.					
2. Because of my weight I have trouble tying my shoes.					
3. Because of my weight I have difficulty getting up from chairs.					
4. Because of my weight I have trouble using stairs.					
5. Because of my weight I have difficulty putting on or taking off my clothing.					
6. Because of my weight I have trouble with mobility.					
7. Because of my weight I have trouble crossing my legs.					
8. I feel short of breath with only mild exertion.					
9. I am troubled by painful or stiff joints.					
10. My ankles & lower legs are swollen at the end of the day.					
11. I am worried about my health.					
Self-Esteem					
1. Because of my weight I am self-conscious.					
2. Because of my weight my self-esteem is not what it could be.					
3. Because of my weight I feel unsure of myself.					
4. Because of my weight I don't like myself.					
5. Because of my weight I am afraid of being rejected.					
6. Because of my weight I avoid looking in mirrors or seeing myself in photographs.					
7. Because of my weight I am embarrassed to be seen in public places.					

In the past week...	Always True (5)	Usually True (4)	Sometimes True (3)	Rarely True (2)	Never True (1)
Sexual Life					
1. Because of my weight I do not enjoy sexual activity.					
2. Because of my weight I have little or no sexual desire.					
3. Because of my weight I have difficulty with sexual performance.					
4. Because of my weight I avoid sexual encounters whenever possible.					
Public Distress					
1. Because of my weight I experience ridicule, teasing, or unwanted attention.					
2. Because of my weight I worry about fitting into seats in public places (e.g., theaters, restaurants, cars, or airplanes).					
3. Because of my weight I worry about fitting through aisles or turnstiles.					
4. Because of my weight I worry about finding chairs that are strong enough to hold my weight.					
5. Because of my weight I experience discrimination by others.					
Work					
1. Because of my weight I have trouble getting things accomplished or meeting my responsibilities.					
2. Because of my weight I am less productive than I could be.					
3. Because of my weight I don't receive appropriate raises, promotions, or recognition at work.					
4. Because of my weight I am afraid to go on job interviews.					

WORK/STRESS

Please place an "X" for the answer that best fits you.

1. How many hours a week do you typically work?

- ☐ 30-40 (0)
- ☐ 40-45 (1)
- ☐ 45-50 (2)
- ☐ 50-55 (3)
- ☐ 55-60 (4)
- ☐ 60-65 (5)
- ☐ 65-70 (6)
- ☐ 70+ (7)

2. How stressful would you describe your job?

- ☐ Minimally or Not at all (0)
- ☐ Mildly (1)
- ☐ Moderately (2)
- ☐ Very (3)
- ☐ Extremely (4)

3. How often do you feel that your present work or lifestyle is putting you under too much stress?

- ☐ Never (0)
- ☐ Seldom (1)
- ☐ Sometimes (2)
- ☐ Often (3)

4. In the past year, how much effect has stress had on your health?

- ☐ Hardly Any (0)
- ☐ Some (1)
- ☐ A Lot (2)

5. In general, how satisfied are you with your life (e.g., work situation, social activity, accomplishing what you set out to do)?

- ☐ Not satisfied (0)
- ☐ Somewhat satisfied (1)
- ☐ Mostly satisfied (2)
- ☐ Totally satisfied (3)

CES-D

Using the scale below, indicate the number which best describes how often you felt or behaved this way
DURING THE PAST WEEK.

- 0 = Rarely or none of the time (less than 1 day)
1 = Some or a little of the time (1-2 days)
2 = Occasionally or a moderate amount of time (3-4 days)
3 = Most or all of the time (5-7 days)

- ___ 1. I was bothered by things that usually don't bother me.
- ___ 2. I did not feel like eating; my appetite was poor.
- ___ 3. I felt that I could not shake off the blues even with help from my family and friends.
- ___ 4. I felt that I was just as good as other people.
- ___ 5. I had trouble keeping my mind on what I was doing.
- ___ 6. I felt depressed.
- ___ 7. I felt that everything I did was an effort.
- ___ 8. I felt hopeful about the future.
- ___ 9. I thought my life had been a failure.
- ___ 10. I felt fearful.
- ___ 11. My sleep was restless.
- ___ 12. I was happy.
- ___ 13. I talked less than usual.
- ___ 14. I felt lonely.
- ___ 15. People were unfriendly.
- ___ 16. I enjoyed life.
- ___ 17. I had crying spells.
- ___ 18. I felt sad.
- ___ 19. I felt that people disliked me.
- ___ 20. I could not get "going".

IPAQ

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. These questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

1. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

_____ **days per week**

☐

No vigorous physical activities → *Skip to question 3*

2. How much time did you usually spend doing **vigorous** physical activities on one of those days?

_____ **hours per day**

_____ **minutes per day**

☐

Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think *only* about those physical activities that you did for at least 10 minutes at a time.

3. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

_____ **days per week**

☐

No moderate physical activities → *Skip to question 5*

4. How much time did you usually spend doing **moderate** physical activities on one of those days?

_____ **hours per day**

_____ **minutes per day**

☐

Don't know/Not sure

IPAQ (con't)

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

5. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

_____ **days per week**

☐

No walking



Skip to question 7

6. How much time did you usually spend **walking** on one of those days?

_____ **hours per day**

_____ **minutes per day**

☐

Don't know/Not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

_____ **hours per day**

_____ **minutes per day**

☐

Don't know/Not sure

EXERCISE

1. Choose the appropriate category (A, B, or C) and subcategory (0-7) which best describes your general ACTIVITY LEVEL for the PREVIOUS MONTH.

_____ **A. Did not participate regularly in programmed recreation sport or heavy physical activity.**

Choose the most appropriate subcategory

- 0 Avoid walking or exertion (e.g., always use elevator, drive whenever possible instead of walking).
- 1 Walk for pleasure, routinely use stairs, occasionally exercise to sufficiently cause heavy breathing or perspiration.

_____ **B. Participated regularly in recreation or work requiring modest physical activity, such as golf, horseback riding, calisthenics, gymnastics, table tennis, weight lifting, or yard work.**

Choose the most appropriate subcategory

- 2 10 to 60 minutes per week.
- 3 Over one hour per week.

_____ **C. Participated regularly in heavy physical exercise such as running or jogging, swimming, cycling, skipping rope, running in place, or engaging in vigorous aerobic activity type exercise such as tennis, basketball or handball.**

Choose the most appropriate subcategory

- 4 Run less than one mile per week or spend less than 30 minutes per week in comparable physical activity.
- 5 Run 1 to 5 miles per week or spend 30 to 60 minutes per week in comparable physical activity.
- 6 Run 5 to 10 miles per week or spend 1 to 3 hours per week in comparable physical activity.
- 7 Run over 10 miles per week or spend over 3 hours per week in comparable physical activity.

2. How often have you used the on-base fitness center in the past 12 months, on average?

- ___ Not at all (0)
- ___ Less than once per month (1)
- ___ At least once per month but less than once per week (2)
- ___ Once per week (3)
- ___ Two or more times per week (4)

3. How often have you used off-base fitness centers in the past 12 months, on average?

- ___ Not at all (0)
- ___ Less than once per month (1)
- ___ At least once per month but less than once per week (2)
- ___ Once per week (3)
- ___ Two or more times per week (4)

EXERCISE CONFIDENCE

Rate how confident you are that you could really motivate yourself to do things like these (listed below) consistently, for at least six months. For each item, decide if the item is true about you. Please "X" the box that corresponds to your rating. Respond to the questions, making sure you "X" the rating that is true about you.

1. Stick to your exercise program when your family is demanding more time of you.

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

2. Stick to your exercise program when you have household chores to attend to.

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

3. Stick to your exercise program even when you have excessive demands at work.

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

4. Stick to your exercise program when social obligations are very time consuming.

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

5. Read or study less in order to exercise more.

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

6. Get up early, even on weekends, to exercise.

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

EXERCISE CONFIDENCE (con't.)

Rate how confident you are that you could really motivate yourself to do things like these (listed below) consistently, for at least six months. For each item, decide if the item is true about you. Please "X" the box that corresponds to your rating. Respond to the questions, making sure you "X" the rating that is true about you.

7. Get up earlier to exercise.

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

8. Stick to your exercise program after a long, tiring day at work.

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

9. Exercise even though you are feeling depressed.

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

10. Set aside time for a physical activity program, that is, walking, jogging, swimming, biking or other continuous activities for at least 30 minutes three times per week.

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

11. Continue to exercise with others even though they seem too fast or too slow for you.

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

12. Stick to your exercise program when undergoing a stressful life change (e.g. divorce, death in the family, moving).

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sure I Could Not Do It		Not Sure		Sure I Could Do It	Not Applicable

HEALTH HABITS

1. Have you ever smoked regularly, that is, more than 100 cigarettes in your lifetime (Note: 1 pack = 20 cigarettes)?
☐ Yes (0)
☐ No (1)
2. Have you smoked cigarettes within the past 12 months?
☐ Yes Please complete question 3- 7. (0)
☐ No Please skip questions 3-7 and go directly to question 8. (1)
3. Have you smoked a cigarette, even a puff, in the past 30 days?
☐ Yes (0) ☐ No (1)
4. In the past 30 days, how many cigarettes have you smoked per day, on average?
☐ Less than 1 per day (0)
☐ 1-10 per day (1)
☐ 11-20 per day (2)
☐ 21-40 per day (3)
☐ 41 or more per day (4)
☐ Don't know (5)
5. Are you seriously intending to quit smoking in the next 6 months?
☐ Yes (0)
☐ No (1)
6. Are you seriously intending to quit smoking in the next month?
☐ Yes (0)
☐ No (1)
7. Have you tried to quit smoking in the past 12 months?
☐ Yes (0)
☐ No (1)
8. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine cooler, or liquor?
☐ Yes (0)
☐ No—Thanks, you are done with the questionnaire. (1)
9. In the past two weeks, on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor?
☐ None (0)
☐ 1-2 days (1)
☐ 3-4 days (2)
☐ 5-6 days (3)
☐ 7 or more days (4)
☐ Don't know (5)
10. A drink is 1 can or bottle of beer, 1 glass of wine, 1 cocktail, or 1 shot of liquor. During the past 2 weeks, on the days when you drank, how many drinks did you drink on average?
☐ 1-2 drinks (0)
☐ 3-4 drinks (1)
☐ 5-6 drinks (2)
☐ 7 or more drinks (3)
☐ Don't know (4)

You have completed the questionnaire. Thank you.